

**Testimony of Suzanne Lagarde MD MBA**  
**Chief Executive Officer Fair Haven Community Health Center New Haven**  
**February 27, 2015**

My name is Dr. Suzanne Lagarde. I am the CEO at Fair Haven Community Health Center in New Haven. I am here today to share my very serious concerns about the proposed changes in funding to my health center.

First let me thank you for taking the time to listen to all of us. I know that each of you wants to do what's best for the citizens of CT. I am also painfully aware of the fiscal realities facing our state today. That being said, however, I do need to make you aware of the very serious consequences that will befall Fair Haven Community Health Center and its more than 15,000 very low income patients should Governor Malloy's proposed budget be enacted.

Currently, the Department of Public Health dispenses approximately \$4.4 million annually to the 14 Federally Qualified Health Centers in CT. This is money earmarked for uncompensated care. Despite widespread beliefs to the contrary, there remains a significant number of CT residents who are uninsured and uninsurable. At Fair Haven Community Health Center, they comprise 25% of our 15,000+ patients. Elimination of support for uncompensated care is a very serious threat to us.

There is another problem which could be exacerbated by the move of DPH funds to DSS. Just as there are 14 FQHCs in CT, there are 14 different reimbursement rates for Medicaid patients. The difference in rates provided to two centers can be as high as \$44/visit. No two centers receive the same reimbursement—even when the service provided is identical and even when the services are delivered in the same geographic region. The playing field is very uneven. This unfair practice of how services are paid for has the potential to be exacerbated by Governor Malloy's proposal to eliminate DPH funding for the underserved and replace it with increased funding through DSS. Unless Medicaid reimbursement rates are equalized, an increase in infusion of funding to DSS, depending on the methodology chosen to disburse this additional Medicaid funding, has a real potential to further increase the divide, to further increase the difference in the fiscal stability of various health centers.

In conclusion, I request that the legislators, look seriously at the current system of Medicaid reimbursement to FQHCs. I ask that if the pool of dollars for uncompensated care is moved out of DPH, the infusion of money into DSS be done with an eye to leveling the playing field with respect to Medicaid reimbursement for medical, behavioral health and dental visits. Thank you.